



PATENT  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Paul Dvorkis et al.

Serial No.: 10/050,625

Group No.: 7569

Filed: January 16, 2002

Examiner: Karl D. Frech

For: OPTICAL SCANNER WITH SEGMENTED COLLECTION MIRROR

Docket No.: 16-637

**MAIL STOP AFTER FINAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Dear Sir:

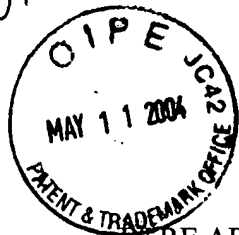
In response to the office action mailed on January 12, 2004, for which a one month extension of time to respond is hereby requested, please amend the above captioned application as follows:

05/13/2004 RNEBRAWT 00000101 10050625

01 FC:1251

110.00 OP

Express Mail Label No. EV4731919665  
hereby certify that this paper is being deposited today  
with the U.S. Postal Service as Express Mail addressed  
to the Assistant Commissioner for Patents, P.O. Box 1450,  
Alexandria, VA 22313-1450  
on May 11, 2004  
By: [Signature]



S-12-04

IFW \$ ~~AP~~  
2876

PATENT  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Paul Dvorkis et al.

Serial No.: 10/050,625

Group No.: ~~7569~~ 2876

Filed: January 16, 2002

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**MAIL STOP AFTER FINAL**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an Amendment and Revocation and Power of Attorney for approval by examiner for this application.

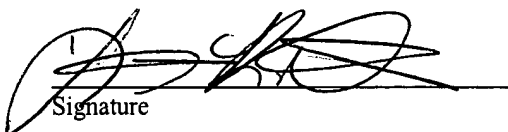
**STATUS**

2. Applicant is

\_\_\_\_ a small entity  
XXX other than a small entity.

**Certification Under 37 CFR 1.10**

I hereby certify that this Amendment After Final and Revocation and Power of Attorney are being deposited with the United States Postal Service on this date May 11, 2004 in an envelope as "Express Mail Post Office to Addressee" mailing Label Number EV473419196US addressed to: Mail Stop After Final, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Signature

Laura B. Duprez  
Printed Name

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37CFR 1.136 apply.

(complete (a) or (b) as applicable)

(a) XXX Applicant petitions for an extension of time for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<u>XXX</u>	one month	\$ 110.00	\$ 55.00
<u>    </u>	two months	410.00	205.00
<u>    </u>	three months	930.00	465.00
<u>    </u>	four months	1,450.00	7250.00

Fee \$ 110.00

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

     An extension for      months has already been secured and the fee paid therefor of \$      is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request      \$ 110.00

OR

(b)      Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		Small Entity	Other than a Small Entity
Claims Remaining After Amendment		Highest No. Previously Paid for		Present EXTRA	Rate	Addit. Fee	Addit. Fee
TOTAL	9	MINUS	20	=	x 9 = \$	x 18 = \$	
INDEP.	2	MINUS	3	=	x 43 = \$	x 86 = \$	
<u>    </u> First Presentation of Multiple Dep. Claim					x 125 = \$	x 250 = \$	
Total						\$	or Total \$

\* If the Highest No. Previously Paid for in this space is less than 20, enter "20".

\*\* If the Highest No. Previously Paid for in this space is less than 3, enter "3".

(c) XXX No additional fee is required

OR

(d) Total additional fee required \$

**FEE PAYMENT**

5.     XXX     Attached is a check in the sum of     \$ 110.00  
                  Charge Account No. 23-0630 in the sum of \$ \_\_\_\_\_

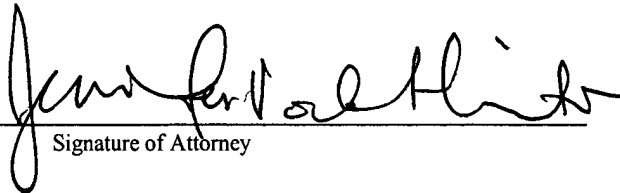
**Fee Deficiency**

6.     XXX     If any additional extension and/or fee is required, this is the request therefor and to charge Account No. 23-0630

And/Or

XXX     If any additional fee for claims is required, charge Account No. 23-0630.

Reg. No.: 47,653

  
\_\_\_\_\_  
Signature of Attorney

Tel. No.: (216) 241-6700

Fax No.: (216) 241-8151

Jennifer Nock Hinton

Type or Print Name of Attorney

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